PTO/SBI06 (UB-03)

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Substitute for Form P10-875								1.	10/70994		
6/8/04	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN SMALL ENTITY		
FOR	ı	IMBER FILE	D NUM	MBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					7		:385	OR		5 77	
TOTAL CLAIMS (37 CFR 1.16(c))	2	3 minus	20 .	- 3	1	119	27	OR	x 5 18 :	1-2-1	
INDEPENDENT CL	AIMS	minus	1:1.	. 3	1	×143=	129	7	x s 86 =	<del> </del>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d))							121	OR		<del> </del>	
						+ \$=	<del></del>	OR	<u> </u>		
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	L	
,	CLAIMS AS A	MENDE	D - PART II							-	
1/31/05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
A A	CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total (37 CFR ) 16(cH	32	Mirros	23	. 9		x 525 =	225	OR	x s <u>50</u> =	- FEC	
Total  137 CFR   16(c))  Independent (37 CFR   16(c))	9	Minus	6	1.3		x s /00 =	300	OR	x s 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5 =		OR			
<del> </del>	· · · · · · · · · · · · · · · · · · ·					TOTAL ADD'L FEE		OR	+S = TOTAL ADD'L FEE		
3/11/05	(Column 1)		(Calumn 2)	(Column 3)				9			
٥	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	j	RATE	ADDI- TIONAL FEE	
Total	32	Minus	••	-	7	2		OR	x s =		
Total (37 CFR + 16(ct)) Independent (37 CFR + 1,16(b))	9	Minus	•••	=	١,	s = `i		OR	x s =	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))						· 5 =		OR			
			<del></del>		Ť	OTAL DO'L FEE		OR L	TOTAL		
129/05	(Column 1)		(Column 2)	(Cab 2)	_	bocree [		OR	ADD'L FEE	-	
1	CLAIMS		HIGHEST	(Column 3)	Г			٦		···	
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	+	RATE	ADDI- TIONAL FEE	• .	RATE	ADDI- FEE	
(37 CFR 1 IS(c))	32	Minus		=	X	, -		OR	x \$ =		
1 otal (37 CFR 1 (4(c)) Independent (37 CFR 1.14(b))	7	Minus	***	=	×		$\rightarrow$	. T	x \$ =		
FIRST PRESENTA	TION OF MULTIPLE	E DEPENDEN	NT CLAIM (37 CFR	( 1.16(d))	1	<u> </u>		OR	,,		
						TAL			TOTAL	·	
• If the entry in co	lumn 1 is less tha	n the entry i	in column 2, write	*0" in column 3.		OO'L FEE		OR	ADO'L FEE		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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